

## REQUEST FOR CONTINUED EXAMINATION(RCE)TRANSMITTAL (Submitted Only via EFS-Web)

Application Number	10677597	Filing Date	2003-10-01	Docket Number (if applicable)	DELD101	Art Unit	3653
First Named Inventor	DELAQUIL			Examiner Name	SHAPIRO		

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. The Instruction Sheet for this form is located at [WWW.USPTO.GOV](http://WWW.USPTO.GOV)

### SUBMISSION REQUIRED UNDER 37 CFR 1.114

Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

Consider the arguments in the Appeal Brief or Reply Brief previously filed on Refund Ref: 11/10/2008 0030063360

Other Credit Card Refund Total: \$525.00

Enclosed Am Exp.: XXXXXXXXXXXX1019

Amendment/Reply Refund Ref: 11/10/2008 0030063361

Information Disclosure Statement (IDS) Credit Card Refund Total: \$405.00

Affidavit(s)/ Declaration(s) Am Exp.: XXXXXXXXXXXX1019

Other

### MISCELLANEOUS

Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months  
(Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

Other

### FEES

**The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.**

The Director is hereby authorized to charge any underpayment of fees, or credit any overpayments, to  
Deposit Account No

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Patent Practitioner Signature  
 Applicant Signature

Adjustment date: 11/10/2008 CKHLOK  
04/18/2008 INTEFSW 00002930 10677597  
02 FC:2001 -405.00 OP

Adjustment date: 11/10/2008 CKHLOK  
03/04/2008 INTEFSW 00003363 10677597  
01 FC:2253 -525.00 OP

Signature of Registered U.S. Patent Practitioner			
Signature	/ROBERT L. SHAVER/	Date (YYYY-MM-DD)	2008-04-17
Name	ROBERT L. SHAVER	Registration Number	42145

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**  
**(Small Entity)**

Docket No.  
**DELD101**

In Re Application Of: **DELAQUIL**

Application No. <b>10677597</b>	Filing Date <b>10/01/2003</b>	Examiner <b>SHAPIRO</b>	Customer No. <b>21658</b>	Group Art Unit <b>3653</b>	Confirmation No. <b>8229</b>
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Invention: **RESTAURANT AND MENU FORMAT AND METHOD**

COMMISSIONER FOR PATENTS:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of 08/30/2007 in the above-identified application.  
*Date*

The requested extension is as follows (check time period desired):

One month       Two months       Three months       Four months       Five months

from: 12/30/2007      *Date*      until: 03/03/2008      *Date*

Applicant claims small entity status. See 37 CFR 1.27

The fee for the extension of time is \$525 and is to be paid as follows:

- A check in the amount of the fee is enclosed.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No.
- If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No.
- Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

/ROBERT L. SHAVER/

*Signature*

Dated: **MARCH 3, 2008**

**ROBERT L. SHAVER**  
**PO BOX 877**  
**BOISE, IDAHO 83701**  
**208-345-1122**

CC:

I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  
MARCH 3, 2008  
*(Date)*

/JULIE L. O'TYSON/

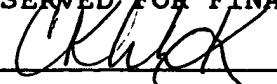
*Signature of Person Mailing Correspondence*

**JULIE L. O'TYSON**

*Typed or Printed Name of Person Mailing Correspondence*

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	11/07/08	2 Serial/Patent #	10/677,597	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	XT/	04/17/08	\$ 525.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other RCE	RCEX	04/17/08	\$ 405.00
		7 TOTAL AMOUNT OF REFUND	\$ 930.00	
8 TO BE REFUNDED BY: CREDIT CARD				
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	Duplicate Payment	9		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
RCE FEE IS A DUPLICATE PAYMENT; EXTENSION OF TIME SUBMITTED WITH PETITION TO REVIVE				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		April M. Wise		
SIGNATURE:				
OFFICE:		Office of Petitions		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED:				
		DATE: 11/10/08		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B